

From:STEPHEN E. TILLEY, CPA, PA 904 730 7090

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FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90433 017 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000084079 1. Entity Name WHOLESALE LENDING, INC.			
Principal Place of Business 10151 DEERWOOD PARK BLVD. BUILDING 200, SUITE 250 JACKSONVILLE, FL 32256		Mailing Address 10151 DEERWOOD PARK BLVD. BUILDING 200, SUITE 250 JACKSONVILLE, FL 32256	
2. Principal Place of Business 200 West Forsyth St. Suite, Apt. #, etc. 1330		3. Mailing Address 200 West Forsyth St. Suite, Apt. #, etc. 1330	
City & State Jacksonville, FL Zip 32202		City & State Jacksonville, FL Zip 32202	
4. FEI Number 770635513		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLINS, JONATHAN D 10151 DEERWOOD PARK BLVD. BUILDING 200, SUITE 250 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Mullins, Jonathan D Street Address (P.O. Box Number Is Not Acceptable) 200 West Forsyth St. Suite 1330 City Jacksonville FL Zip Code 32202	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 4/26/05 <small>Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SECRETARY <input type="checkbox"/> Delete NAME MULLINS, JONATHAN D STREET ADDRESS 8550 TOUCHTON RD., APT. 1023 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE President <input type="checkbox"/> Delete NAME Aaron Langes STREET ADDRESS 45150 Amagonsett Drive CITY-ST-ZIP JACKSONVILLE FL 32034	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/26/05 DAYTIME PHONE # 904-394-5363	